UNITED STATES CIVIL SERVICE COMMISSION
BUREAU OF RETIREMENT AND INSURANCE
WASHINGTON 25, D.C.

July 12, 1963

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Government Employees Health Association
Post Office Box 463
Washington 4, D. C.

Dear Sir:

For some time, as you know, the Civil Service Commission has had under consideration the revision of the Utilization Report which carriers are preparing at the end of each contract year.

The accompanying set of tables, you will note, presents a much reduced program of utilization statistics. Although a great deal of time and effort has been spent in developing it, it is still in preliminary form. We are sending it to you for your comments. When finalized, it will go into effect with the beginning of the fourth contract year.

Two objectives have been kept in mind in this revision: (1) to reduce the workload on the carriers; and (2) to assemble data that will be useful to both the carriers and the Commission. You will note that much data, such as experience by age and sex, and by diagnosis have been eliminated. Also, most of the sub-tables by patient category, by type of care (e.g. hospital with surgery, hospital without surgery, etc.) have been dropped. The data by state have been considerably abbreviated; maternity data also. All in all, we have attempted to cut our requirements "to the bone".

As already mentioned, this revision will first go into effect for the fourth contract year. Utilization data for the current contract year ending in October 1963 will still be submitted in the same form as in the previous two years. Thus, the Commission and the carriers will have detailed bench-mark data for three full contract years. Should the Commission, in the future, require data not assembled by the revised program, carriers will be requested to conduct special studies. As in the past, carriers offering two options will report separately for each option. The same format will be used for all tables except Table 2 which requires data by state, and Tables IA and IB which require data by "line of benefit". The enclosed General Instructions explain the tabulation scheme.

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Tables I, IA, and IB are especially called to your attention. The benefit structure of most of the employee organizations now provides "first dollar" benefits for a number of different "lines of benefits." Thus, separate specific benefit provisions appear for hospitalization, surgery, home and office visits, emergencies, etc. Moreover, it has come to our attention that carriers with plans having such a benefit structure have found it necessary to maintain, for their own use, experience data separately for each line of benefit. In order to evaluate the effectiveness of the level of benefit for each line of benefit—i.e. the extent to which the benefit meets the expense it covers—it is necessary to compare the amount of benefits for a line of benefits with the comparable amount of expenses. Table IB has been especially designed for this purpose.

Table I, as is indicated in the instructions accompanying it, has been designed especially as a general summary of the plan's performance for nonmaternity cases. It is especially suited to plans, or options of the "comprehensive" type. Tables IA and IB, together, have been designed to provide both the general summary and the special data on "line of benefits." Table IA may be substituted for Table I where the benefit structure of the plan, or option, is on a "line of benefit." However, since the format for Table I is the same as for all other tables, except Table 2 and Table IB, carriers may find it just as convenient to use it instead of Table IA. Frankly, we would prefer that they do so, unless Table IA is clearly more convenient. Table IB, however, being especially adapted to the "line of benefit" concept should be used by plans (or options) so patterned. Plans (or options) with a "comprehensive" pattern that lumps together all, or nearly all, covered expenses should use Table I only and not Tables IA and IB.

I would greatly appreciate it if you will review the accompanying table formats and their instructions. It would be most helpful to me if you will let me have your comments by July 25, 1963.

Sincerely yours,

Joseph Zisman
Supervisory Statistician
Office of the Actuary

Except for Table 2, these tables have the same format. Each is divided into 3 parts. (1) Total (columns 1 through 3); (2) Hospitalization (columns 4 through 8); and (3) Physicians and Other Services (columns 9 through 14). Each of these tables, except table 6, deals with nonmaternity benefits only. Table 6 will include maternity cases.

Total columns 1 through 3--these sum up the benefits provided by the plan (or option).

Column 1:- Total number of different persons (as distinguished from claims or cases) who received benefits. This would not necessarily be the sum of columns 4 + 8 + 10 through 14.

Column 2 - The total amount in whole dollars of benefits paid by the plan (option).

Column 3 - The total covered expenses, in whole dollars, incurred by the claimants; sum of columns 5, 8 and 9.

Include, where known, the total expenses incurred by the patient for items partially covered. For example--if only 120 days of hospitalization are covered and the patient was hospitalized for 125 days, include (if known) the total hospital charges for 125 days, otherwise indicate by a footnote that data relate to 120 days only.

Hospitalization (Columns 4 through 8) - The distinction between inpatient (columns 4 through 7) and outpatient column 8 is important in order to separate the data for patients admitted as @ bed patients by the hospital from others receiving services at the hospital's outpatient department, (e.g. emergency patients, patients sent to the hospital's outpatient department for diagnostic services, etc.)

Column 4. Number of Claimants - Number of different patients admitted as bed patients.

Column 5. Admissions - Number of different hospital admissions as bed patients. Two entries will be made for each item on the extreme left (the stub) of the table. (1) the number of admissions; and (2) the total amount of hospital charges made with respect to these admissions, (the sum of columns 6 and 7).

Column 6. Room and Board - Make 2 entries with respect to each item in the "stub". (1) The number of days as a bed patient, and (2) the amount of room and board charges.

Column 7. Other Expenses - Amount of charges for ancillary services as a bed patient. Exclude charges for personal services.

Column 8. Outpatient - Make 2 entries (a) number of different persons receiving benefits under the plan's hospital benefit provisions for services in the outpatient department of a hospital; (b) total hospital charges for services in the outpatient department.

Physicians and Other Services (Columns 9 through 14) - two entries will be made in each column (except column 9) for each of the items in the stub: (a) Number of services or other measure indicated below. (b) Amount of expenses incurred.

Column 9 total - Amount of expense only; the sum of columns 10 through 14.

Column 10. Surgery - (a) Number of surgical procedures (different episodes) in or out of the hospital; (b) fees charged.

Column 11. Medical Services - Physicians' non-surgical services. (a) Number of individuals (insofar as possible) filing claims, or episodes; (b) fees for such services. Exclude diagnostic x-ray, laboratory tests, etc. which should be reported in column 14.

Column 12. Special Nursing - Other than general nursing care provided by the hospital and included in its room and board charges; (a) number of different patients filing such claims; (b) amount of charges.

Column 13. Drugs - Out-of-hospital drugs covered by the plan. Include, if available, the amount subject to deductible; (a) number of different patients filing such claims; (b) amount of charges.

Column 14. Other Related Expenses - Not included in preceeding columns: (a) number of different individuals filing such claims; (b) amount of charges.

This table summarizes the nonmaternity benefits provided by the plan as a whole as well as separately for each of 4 major categories of patients: (1) active employees, (2) active employees' dependents, (3) annuitants and (4) dependents of annuitants; and for 4 sub-categories within each of these: (1) hospitalized, surgical; (2) hospitalized, non-surgical; (3) not hospitalized, surgical; and (4) not hospitalized, non-surgical.

Data will be shown separately for (a) both options; (b) high option; (c) low option.

Lines 1-8 "Total, and hospitalized"--Entries will be made where appropriate in each of columns 1 through 14. See General Instructions.

Line 1 "All patients, total: Number"--The total number of all patients, days, etc. as required in each column. The sum of lines 3, and 9. No entry in columns 2, 3, 7, and 9.

Line 2 "All patients, total: Amount--Total nonmaternity benefits paid (column 2) and expenses incurred by the patients (columns 3, 5, etc.). The sum of lines 4 and 10. Use whole dollars only. Except for columns 1 and 4, entries will be made in all columns.

Line 3 "Hospitalized, Total: Number"--Total number of different patients hospitalized during the contract year, days, etc.; the sum of lines 5 + 7. No entry would be made in columns 2, 3, 7, and 9.

Line 4 "Hospitalized, Total: Amount"--Total dollars of benefits (column 2) and incurred expenses (columns 3, 5, etc.) for persons in line 3; the sum of lines 6 +8. No entry in columns 1 and 4. Entries in each of the other columns.

Line 5 "Hospitalized with Surgery: Number"--This deals with patients who obtained both hospital and surgical services sometime during the year:

Column 1 --Total number of different patients.
Column 2 --No entry.
Column 3 --No entry.
Column 4 --Number of different (patients) admitted as bed patients.
Column 5 --Total number of admissions. Include all admissions as bed patients, (surgical, non-surgical) of patients in column 4.
Column 6 --Number of days of hospitalizations for all admissions in column 5.
Column 7 --No entry.
Column 8 --Total number of different persons receiving service for surgery in outpatient department of hospital.
Column 9 --No entry.
Columns 10 through 14--See "General Instructions".

Line 6 "Hospitalized Surgery: Amount"--Amount of total benefits paid to, and total expenses incurred by patients on line 5. Include all amounts for all episodes of such patients.

Column 1 - No entry.

Column 2 - Total amount of all benefits paid to patients on line 5.

Column 3 - Total amount of all expenses incurred by patients in line 5; the sum of columns 5 + 8 + 9.

Column 4 - No entry.

Column 5 - The sum of columns 6 + 7

Column 6 - Hospital charges for room and board for all the days on line 5.

Column 7 - Hospital charges for ancillary benefits for all the days on line 5 column 6.

Column 8 - Total charges for all patients on line 5.

Column 9 - Total of columns 10 through 14.

Columns 10 through 14 - Total charges corresponding to line 5. (See general instructions).

Lines 7 and 8 - Same as for lines 5 and 6 but with respect to individuals who had hospital services for non-surgical episodes only. (See general instructions).

Lines 9-14. All patients (of all Categories) Not Hospitalized. See lines 3 through 8 above. No entries will be made in columns 4 through 8. In columns 1 through 3 and 9 through 14, entries will be made on lines 9 and 10 with respect to all patients who did not have a hospital episode.

Line 9 - The sum of lines 11 + 13.
Line 10 - The sum of lines 12 + 14.
Line 11. "Non-Hospitalized, with Surgery: Number - Patients who had no hospital service but who had surgery during the year.

Column 1 - Number of different surgical patients who received no hospital services.

Column 2 - 9 - No entry.

Column 10 - Number of surgical procedures.

Columns 11-14 - See "general instructions".

Line 12. "Non-Hospitalized with Surgery: Amount" - Total amount of benefits paid to, and of expenses incurred by, patients on line 11.

Column 1 - No entry.

Column 2 - Total amount of benefits received by patients on line 11 column 1.

Column 3 - Total amount of expenses incurred by patients on line 11 column 1.

Columns 4-8 - No entry.

Column 9 - Sum of columns 10-14.

Columns 10-14 - Charges to patients for corresponding services on line 11.

Lines 13-14 - Same as for lines 11 and 12 but for patients who had no hospital services, and no surgery.

Lines 15-29. Active Employees - Same data as in lines 1-14, above but for active employees.

Lines 30-44 - Dependents of Active Employees - Same as lines 1-14.

Lines 45-59. All Annuitants - Same as lines 1-14.

Lines 60-74. Dependents of all Annuitants - Same as lines 1-14.

TABLE 1.--NONMATERNITY BENEFITS--SUMMARY: NUMBER OF CLAIMANTS AND BENEFITS RECEIVED, COVERED EXPENSES, BENEFITS BY TYPE OF CASE, CATEGORY OF EXPENSE, AND PATIENT CATEGORY

	PATIENT CATEGORY TYPE OF CASE	TOTAL			HOSPITALIZATION: NUMBER AND EXPENSES					PHYSICIAN AND OTHER SERVICES NUMBER AND EXPENSES					
			AMOUNT OF			INPATIENT									
		NUMBER OF CLAIMANTS	BENEFITS	COVERED EXPENSES	NUMBER OF CLAIMANTS	ADMISSIONS (NUMBER, TOTAL EXPENSES)	ROOM AND BOARD (DAYS AND EXPENSES)	OTHER EXPENSES	OUTPATIENT NUMBER, EXPENSES	TOTAL	SURGERY	MEDICAL	SPECIAL NURSING	DRUGS (OUT OF HOSPITAL)	OTHER
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	ALL PATIENTS, TOTAL														
1	NUMBER		XX	XX				XX		XX					
2	AMOUNT	XX			XX										
	HOSPITALIZED, TOTAL														
3	NUMBER		XX	XX				XX		XX					
4	AMOUNT	XX			XX										
	HOSPITALIZED, WITH SURGERY														
5	NUMBER		XX	XX				XX		XX					
6	AMOUNT	XX			XX										
	HOSPITALIZED, WITHOUT SURGERY														
7	NUMBER		XX	XX				XX		XX	XX				
8	AMOUNT	XX			XX						XX				
	NONHOSPITALIZED, TOTAL														
9	NUMBER		XX	XX	XX	XX	XX	XX	XX	XX					
10	AMOUNT	XX			XX	XX	XX	XX	XX						
	NONHOSPITALIZED, WITH SURGERY														
11	NUMBER		XX	XX	XX	XX	XX	XX	XX	XX					
12	AMOUNT	XX			XX	XX	XX	XX	XX						
	NONHOSPITALIZED, WITHOUT SURGERY														
13	NUMBER		XX	XX	XX	XX	XX	XX	XX	XX	XX				
14	AMOUNT	XX			XX	XX	XX	XX	XX						
15-28	ACTIVE EMPLOYEES SAME AS 1-14														
29-42	DEPENDENTS OF EMPLOYEES SAME AS 1-14														
43-56	ANNUITANTS SAME AS 1-14														
57-70	DEPENDENTS OF ANNUITANTS SAME AS 1-14														

a. Both Options
b. High Option
c. Low Option

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July 12, 1963

Tables IA and IB

Tables IA and IB are designed for plans (option) that provide specified "first dollar" benefits for each of several "lines of benefits", such as:

Hospital, room and board and other hospital expenses--180 days, plus 80% of additional expenses.

Surgical--Actual charges up to maximum ($400) set by Schedule of Operation, plus 80% of additional expenses.

Doctors' visits--Up to $150 for self only; up to $500 for all persons in a family.

Emergency first aid--Up to $60 per accident per person.

Out-of-hospital diagnostic--Up to maximum ($60) set by fee schedule.

Special nursing--$18 per day; maximum 180 days.

Drugs, appliances, etc.--80% of charges after $30 deductible.

Plans that have such benefit provisions have the option of using Table I and IB or Table IA and Table IB.

If a plan has 2 options--one of which is comprehensive with limited first dollar coverage (e.g. limited to hospital room and board only, the remainder subject to a deductible and co-insurance), and the other with first dollar coverage for each of several lines of benefit--Table I must be used for the comprehensive option, and Table I and IB must be used for the other option.

Together, these tables are intended to summarize the nonmaternity benefits provided and, at the same time, make possible the comparison of benefits to expenses, particularly in Table IB, for each line of benefit specified in the benefit formula.

Table IA

Columns 1 through 5 combine the data for both options.

Column 1 - Number of different individuals receiving benefits.

Line 1 - Sum of lines 2 and 6.

Line 2 - Total number of different individuals receiving hospital benefits; the sum of lines 3 and 4 and 5.

Line 3 - Number of different individuals who were hospital bed patients for surgery during the contract year.

Line 4 - Number of other different individuals who were hospital bed patients (for other than surgery) during the year.

Line 5 - Number of different individuals receiving benefits under the plan's (option) hospital benefit provision, but who were not bed patients.

Line 6 - Number of different individuals who did not receive hospital services but who received other benefits during the contract year; the sum of lines 7 and 8.

Line 7 - Number of different surgery patients who were not hospitalized during the year.

Line 8 - Number of different individuals receiving benefits who were not hospitalized during the year and who were not surgery patients.

NOTE: Lines 9-40 - For each of the patient categories shown, enter data corresponding to lines 1 through 8.

Column 2 - Total expenses (for each of the items in the patient category column) incurred by patient for items covered by the plan (option). Include, where available, amounts subject to the deductible, if any.

Column 3 - Total benefits for each of the items in the patient category column.

Column 4 - Total number of hospital admissions.

Line 1 - No entry.

Line 2 - No entry.

Line 3 - Total number of admissions as bed patient for surgery.

Line 4 - Total number of admissions as bed patient for non-surgical episodes.

Line 5 - Number of admissions to outpatient department of hospital--not as a bed patient (see column 1).

Lines 6 through 8 - No entry.

Column 5 - Total number of days as a bed patient.

Line 1 - No entry.

Line 2 - The sum of lines 3 and 4.

Line 3 - Total number of hospital days in all admissions for surgery.

Line 4 - Total number of hospital days in all admissions for non-surgical episodes.

Lines 5 through 8 - No entry.

NOTE: High and Low Options - In each of the columns (6-10) enter data for the high; and in each of columns (11-15) enter data for low option corresponding to that reported for "both options" in columns 1-5, lines 1-40.

TABLE 1A. NONMATERNITY BENEFITS--SUMMARY: NUMBER OF CLAIMANTS, COVERED EXPENSES AND BENEFITS, BY PATIENT CATEGORY AND TYPE OF CASE

	PATIENT CATEGORY TYPE OF CASE	BOTH OPTIONS					HIGH OPTION	LOW OPTION
		NUMBER OF CLAIMANTS	COVERED EXPENSES	BENEFITS	HOSPITALIZATION			
					ADMISSIONS	DAYS	SAME	SAME
		(1)	(2)	(3)	(4)	(5)	(6-10)	(11-15)
1	ALL PATIENTS, TOTAL				XX	XX		
2	HOSPITALIZED, TOTAL				XX			
3	INPATIENT WITH SURGERY							
4	INPATIENT WITHOUT SURGERY							
5	OUTPATIENT					XX		
6	NONHOSPITALIZED, TOTAL				XX	XX		
7	WITH SURGERY				XX	XX		
8	WITHOUT SURGERY				XX	XX		
9-16	ACTIVE EMPLOYEES SAME							
17-24	DEPENDENTS OF EMPLOYEES SAME							
25-32	ANNUITANTS SAME							
33-40	DEPENDENTS OF ANNUITANTS SAME							

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Table B.

This table is designed to permit an analysis of the effectiveness of "first dollar" benefit provisions. The terms "Number of Claimants" "Covered Expenses," and "Benefits" have the same definition as in Table IA.

"Line of benefit" categories (in the stub at the extreme left) identify the different categories of benefits for which many plans provide "first dollar coverage". These categories are more numerous in some plans (options) than in others since different carriers offer different "lines of benefits" which may vary with each option.

Each carrier will make an entry with respect to each "line of benefit" which exists in the option's benefit structure and will consider as "not applicable" those "lines" which do not exist in the option's benefit structure. Each carrier will also record data in the "Other" category for these benefits which his plan offers and which are not specifically listed as "a line of benefit" in the stub of this table. Data with respect to High Option will be entered in columns 1, 2, and 3; with respect to low option, in columns 5, 6, and 7.

Columns 1 and 4. Number of Claimants - Enter in these columns the number of different individuals receiving benefits under each option during the year.

In columns 2 and 5 report for each option the total covered expenses (including the deductible, if any) for individuals listed in columns 1 and 4.

In columns 3 and 6 show for each option the total benefits paid to individuals reported in columns 1 and 4.

Line 2, Columns 1 and 4 - Number of different individuals admitted to hospital as bed patients.

Columns 2 and 5 - Total hospital charges of patients admitted to hospitals as bed patients; the sum of lines 3 and 4.

Columns 3 and 6 - Total benefits under hospital benefit provisions paid to patients admitted as bed patients; the sum of lines 3 and 4.

Line 3, Columns 1 and 4 - No entry.

Columns 2 and 5 - Hospital charges to patients for room and board.

Columns 3 and 6 - Benefit for room and board under the hospital benefit provision--if there is a separate benefit for room and board, otherwise, omit but be sure line 2 is answered.

Table IB - Nonmaternity Summary (Continued)

Line 4, Columns 1 and 4 - No entry.

Columns 2 and 5 - Hospital charges to patient for ancillary hospital services.

Columns 3 and 6 - Benefit for ancillary hospital services if plan has separate benefit provision for ancillary benefits, otherwise, omit but be sure line 2 is answered.

Line 5, Columns 1 and 4 - Number of different individuals who received benefits under the surgical benefit provisions.

Columns 2 and 5 - Amount of fees charged to the patients for surgical episodes.

Columns 3 and 6 - Amount of benefit paid to claimant under the surgical benefit provisions.

Line 6 - Number of claimants, expenses and benefits coming under the plan's emergency benefit provision; the sum of lines 7 and 8.

Line 7 - Number of claimants, expenses and benefits coming under emergency hospital outpatient (not bed patient) benefit provisions of the plan.

Line 8 - Number of claimants, expenses and benefits coming under the non-hospital emergency benefit provisions of the plan.

Line 9 - Number of claimants, expenses and benefits under the physician (hospital, home, office visit) benefit provision of the plan.

Line 10 - Number of claimants, expenses and benefits under the diagnostic X-ray and laboratory benefit provisions of the plan.

Line 11 - Number of claimants, expenses and benefits under the "special nursing" benefit provisions.

Line 12 - Number of claimants, expenses, and benefits under the "out-of-hospital" drug provision of the plan.

Line 13 - Number of claimants, expenses, and benefits under any other benefit provision.

TABLE 15. NONMATERNITY-SUMMARY: NUMBER OF CLAIMANTS, COVERED EXPENSES AND BENEFITS, BY LINE OF BENEFIT AND OPTION

LINE OF BENEFIT	HIGH OPTION			LOW OPTION		
	NUMBER OF CLAIMANTS (1)	COVERED EXPENSES (2)	BENEFITS (3)	NUMBER OF CLAIMANTS (4)	COVERED EXPENSES (5)	BENEFITS (6)
1 TOTAL						
2 HOSPITAL, INPATIENT						
3 ROOM AND BOARD						
4 OTHER	XX			XX		
5 SURGERY						
6 EMERGENCY						
7 HOSPITAL OPD						
8 OTHER						
9 PHYSICIAN						
10 DIAGNOSTIC X-RAY, LABORATORY						
11 SPECIAL NURSING						
12 OUT OF HOSPITAL DRUGS						
13 OTHER						

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Table 2 - STATE SUMMARY

This table is a geographical summary of the benefits paid by the plan.

For each of the 50 states, D. C., Canal Zone, etc. and foreign countries, it summarizes (a) the total number who receive benefits and the amount of the benefits; (b) maternity and nonmaternity benefits, and (c) hospitalization and charges.

Plans with 2 options will show for each state in each column (1) the data for both options combined (2) data for high option only; and (3) data for the low option only.

Columns 1, 3, and 5 - Enter the total number of different persons (as distinguished from claims or cases) receiving benefits in each state: column (1) the total number; column (3) the total number of different claimants for nonmaternity benefits; and column (5) the total number of different claimants for maternity benefits.

Column 1 may be less than the sum of columns 3 + 5.

Columns 2, 4, and 6

Column 2 - The sum of columns 4 + 6.

Column 4 - Total amount of nonmaternity benefits.

Column 6 - Total amount of maternity benefits.

Column 7 - Number of different persons who were bed patients in a hospital.

Column 8 - Number of admissions as bed patients. Will usually be larger than number in column 7.

Column 9 - Number of days as bed patients.

Column 10 - Sum of columns 11 and 12.

Column 11 - Hospital charges for room and board and related services (see general instructions).

Column 12 - Hospital charges for ancillary services (see general instructions).

TABLE 2--STATE SUMMARY (NONMATERNITY AND MATERNITY BENEFITS): NUMBER OF CLAIMANTS AND AMOUNT OF BENEFITS; DAYS OF HOSPITALIZATION AND HOSPITAL CHARGES; BY STATE AND OPTION--ALL PATIENT CATEGORIES COMBINED

STATE OPTION	TOTAL		NONMATERNITY		MATERNITY		HOSPITALIZATION (INPATIENTS ONLY)					
										PATIENTS' EXPENSES FOR		
	NUMBER OF CLAIMANTS	AMOUNT OF BENEFITS	NUMBER OF CLAIMANTS	AMOUNT OF BENEFITS	NUMBER OF CLAIMANTS	AMOUNT OF BENEFITS	NUMBER OF CLAIMANTS	NUMBER OF ADMISSIONS	NUMBER OF DAYS	TOTAL HOSPITAL EXPENSES	ROOM & BOARD	OTHER SERVICES
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1 TOTAL (BOTH OPTIONS)												
2 HIGH OPTION												
3 LOW OPTION												
4 U.S.=ALL STATES & TERRITORIES, TOTAL												
5 HIGH OPTION												
6 LOW OPTION												
7 FOREIGN, TOTAL												
8 HIGH OPTION												
9 LOW OPTION												
10 U.S.=50 STATES & D. C., TOTAL												
11 HIGH OPTION												
12 LOW OPTION												
13 ALABAMA, TOTAL												
14 HIGH OPTION												
15 LOW OPTION												
16 ALASKA, TOTAL												
17 HIGH OPTION												
18 LOW OPTION												
19 ARIZONA, TOTAL												
20 HIGH OPTION												
21 LOW OPTION												
ETC.												

Table 3. Duration of Hospital Stay

This table deals only with patients who had hospital services. The distinction between inpatient and outpatient is important in order to distingusih between (1) patients admitted as bed patients (columns 4-7), and (2) others (column 8) who may be emergency cases, or patients sent to hospital out-patient department for x-ray and laboratory service, radium therapy, etc. The table is designed to permit an analysis of the experience of patients hospitalized for varying lengths of time during the year.

The class interval "0 days" would apply only to those patients who were not bed patients during the year.

For each of the other class intervals of "days of hospital stay" include, in the appropriate column, the total experience for the year of the individuals who fall within that class. For example, for individuals who spent a total of 4 days in the hospital during the year, show on line 12 in column 2 all the benefits (not hospital benefits only) they received during the year, and in column 3 all covered expenses (not hospital expenses) they incurred; in column 5 their total hospital expenses as inpatients; in column 8 the total expenses for hospital outpatient department services, if any; and column 9 through 14 all such expenses whether incurred while hospitalized or not and for all their episodes during the year.

See "General Instructions" for explanation of columns 1-14.

Line 1 - applies to columns 1, 4, 5, 6, 8, and 10 through 14; the sum of lines 3, 5, 7, 9, etc.

Column 1 - Total number of different persons who received hospital services, inpatient and outpatient could be less than the sum of columns 4 plus 8.

Line 2 - Total amount of benefits (columns 2) and of different categories of expenses (columns 3, 5, through 14); the sum of lines 4 + 6 + 8 + 10, etc.

Lines 3 and 4 - "0" Days - would apply to column 8 only.

Lines 5, 6, 7, and 8, etc. - Enter all required items with respect to all services, (inpatient and all others) benefits and expenses during the year for individuals who spent only 1 day in a hospital during the year; 2 days during year; etc.

TABLE 3.--DURATION OF HOSPITAL STAY (NONMATERNITY): NUMBER OF CLAIMANTS, AMOUNT OF BENEFITS AND COVERED EXPENSES, BY LENGTH OF STAY AND OPTION.

DAYS OF HOSPITAL STAY		TOTAL			HOSPITALIZATION: NUMBER AND EXPENSES					PHYSICIAN AND OTHER SERVICES NUMBER AND EXPENSES					
			AMOUNT OF		INPATIENT				OUTPATIENT						
		NUMBER OF CLAIMANTS	BENEFITS	COVERED EXPENSES	NUMBER OF CLAIMANTS	ADMISSIONS (NUMBER, TOTAL EXPENSES)	ROOM AND BOARD (DAYS AND EXPENSES)	OTHER EXPENSES	NUMBER, EXPENSES	TOTAL	SURGERY	MEDICAL	SPECIAL NURSING	DRUGS (OUT OF HOSPITAL)	OTHER
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
TOTAL	NUMBER		XX	XX				XX		XX					
	AMOUNT	XX			XX										
0 DAYS	NUMBER														
	AMOUNT														
1 DAY	NUMBER														
	AMOUNT														
2 DAYS	NUMBER														
	AMOUNT														
3 DAYS	NUMBER														
	AMOUNT														
4-5 DAYS	SAME														
6-9 DAYS	SAME														
10-14 DAYS	SAME														
15-30 DAYS	SAME														
31-70 DAYS	SAME														
71-120 DAYS	SAME														
121-180 DAYS	SAME														
181-365 DAYS	SAME														

a. Both Options
b. High Option
c. Low Option

Table 4. Surgery

This table is designed to summarize the services, benefits and expenses of individuals having surgery during the year, whether or not they were hospitalized for the surgery.

For each surgical procedure listed in the stub, enter in the appropriate column, the number of claimants and the total amount of benefits and expenses (for surgery and all other covered services for all episodes of the individuals in column 1) of all individuals having that surgical procedure.

For example, for all individuals having appendectomies, show on line 12, in column 2, all the total benefits (surgical and non-surgical) they received during the year, and in column 3, all covered expenses they incurred; in column 5 their total hospital expenses as inpatients; in column 8 the total expenses for hospital outpatient department services, and in columns 9 through 14 all such expenses incurred during the year, whether in or out of a hospital.

See "General Instructions" for explanation of column 1-14.

Line 1 applies to columns 1, 4, 5, 6, 8 and 10 through 14; the sum of lines 3, 5, 7, 9, etc.

Column 1 - The total number of different individuals receiving surgical treatment during the year, whether or not hospitalized; could be less than the sum of columns 4 plus 8; could also be less than column 10.

Line 2 - Total amount of benefits (column 2-surgical and non-surgical) and of different categories of expenses (columns 3, 5 through 14); the sum of lines 4 + 6 + 8 + 10, etc.

Lines 3, 4, 5, 6, 7, 8, etc. - Enter all required items with respect to all services (inpatient and all others), benefits and expenses during the year for all individuals having the specified surgical procedures performed.

TABLE 4.--SURGERY (NONMATERNITY): NUMBER OF CLAIMANTS, AMOUNT OF BENEFITS, TOTAL COVERED EXPENSES, DAYS HOSPITALIZED, HOSPITAL, MEDICAL AND OTHER RELATED EXPENSES, BY SURGICAL PROCEDURE

	SURGICAL PROCEDURES PERFORMED	TOTAL			HOSPITALIZATION: NUMBER AND EXPENSES					PHYSICIAN AND OTHER SERVICES NUMBER AND EXPENSES				
			AMOUNT OF			INPATIENT								
		NUMBER OF CLAIMANTS	BENEFITS	COVERED EXPENSES	NUMBER OF CLAIMANTS	ADMISSIONS (NUMBER, TOTAL EXPENSES)	ROOM AND BOARD (DAYS AND EXPENSES)	OTHER EXPENSES	OUTPATIENT NUMBER, EXPENSES	TOTAL	SURGERY	MEDICAL	SPECIAL NURSING	DRUGS (OUT OF HOSPITAL)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
	TOTAL ALL PROCEDURES													
1	NUMBER	XX		XX				XX		XX				
2	AMOUNT													
	TONSIL AND ADENOIDECTOMY													
3	NUMBER													
4	AMOUNT				XX									
	THORACIC SURGERY													
5	NUMBER													
6	AMOUNT													
	MASTECTOMY													
7	NUMBER													
9	AMOUNT													
	HERNIA, REPAIR OF ALL													
9	NUMBER													
10	AMOUNT													
	APPENDECTOMY													
11	NUMBER													
12	AMOUNT													
13-14	ABDOMINAL, OTHER SAME AS ABOVE													
15-16	HEMORROIDECTOMY													
17-18	CHOLECYSTECTOMY													
19-20	PROSTATECTOMY													
21-22	CYSTOSCOPY													
23-24	D.&C. (NONMATERNAL)													
25-26	HYSTERECTOMY													
27-28	FRACTURES AND DISLOCATIONS													
29-30	NEOPLASMAS, EXCISION OF (NOT ELSEWHERE REPORTED)													
31-32	OTHER, ALL (NOT ELSEWHERE REPORTED)													

Separate tables for:
a. High Option
b. Low Option

July 12, 1963

Table 5 - Size of Claimants' Expenses

This table summarizes the experience of claimants having varying amounts of medical expenses. The stub (amount of total expense) lists a number of dollar class intervals: Under $50; $50 to $99; $100-$199 etc. These represent total amounts of covered expenses incurred by individual patients during the year (including, wherever possible, the amounts covered by any "deductible").

See "General Instructions" for explanation of column headings.

Columns 1, 2, and 3-Number of claimants, amount of benefits and covered expenses. - For each class interval, show in the appropriate columns and lines, (1) the number of different individuals who, during the contract year, had expenses of amounts specified in the "Size of Total Expense" column, (2) their total covered expenses and (3) the benefits they received.

Columns 4-8. Claims Involving Hospital Expenses - For the claimants (column 1) in each class interval, in the appropriate column and lines, show (1) the number of different individuals who were admitted as bed patients; (2) number of inpatient admissions, and their total hospital expense; (3) the days they spent in hospital and their room and board expenses; (4) expenses for their ancillary hospital services; (5) the number of persons who received services in the outpatient department of a hospital and their expenses.

Columns 9-14. Physicians and Other Services - For the claimants (column 1) in each class interval, enter in the appropriate columns and lines, the number of different individuals and their expenses for surgical or other physicians' services, special nursing, out-of-hospital drugs and other services.

For example: In the $100 to $199 class interval, the entries might be:

	250	-
2	-	$ 27,000
3	-	37,000
4	150	-
5	152	18,000
6	450	9,000
7	-	9,000
8	5	100
9	-	18,900
10	120	10,000
11	160	6,000
12	3	120
13	5	250
14	50	2,530

TABLE 5o—SIZE OF EXPENSE (NONMATERNITY): NUMBER OF CLAIMANTS, AMOUNT OF BENEFITS AND COVERED EXPENSES, BY SIZE OF EXPENSE AND OPTION

SIZE OF TOTAL EXPENSES	TOTAL			HOSPITALIZATION: NUMBER AND EXPENSES					PHYSICIAN AND OTHER SERVICES NUMBER AND EXPENSES					
		AMOUNT OF		INPATIENT				OUTPATIENT						
	NUMBER OF CLAIMANTS	BENEFITS	COVERED EXPENSES	NUMBER OF CLAIMANTS	ADMISSIONS (NUMBER, TOTAL EXPENSES)	ROOM AND BOARD (DAYS AND EXPENSES)	OTHER EXPENSES	NUMBER, EXPENSES	TOTAL	SURGERY	MEDICAL	SPECIAL NURSING	DRUGS (OUT OF HOSPITAL)	OT
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(
TOTAL ALL CLAIMS														
NUMBER		XX	XX				XX		XX					
AMOUNT	XX			XX										
UNDER $50														
NUMBER														
AMOUNT														
$ 50 - 99														
NUMBER														
AMOUNT														
100 - 199														
NUMBER														
AMOUNT														
200 - 299														
NUMBER														
AMOUNT														
300 - 499														
SAME AS ABOVE														
500 - 999														
SAME AS ABOVE														
1,000 - 2,499														
SAME AS ABOVE														
2,500 - 4,999														
SAME AS ABOVE														
5,000 - 9,999														
SAME AS ABOVE														
10,000 - 19,999														
SAME AS ABOVE														
20,000 AND OVER														

Separate tables for:
a. High Option
b. Low Option

Table 6 - Summary by Cause

This table is designed to bring out the utilization of benefits for selected categories of primary causes. These are the causes for which the plans usually provide special benefits; i.e. malignancies, mental disorders, tuberculosis, and maternity cases. As you will note, Table 2 and this table are the only two which deal with maternity cases.

See "General Instructions" for explanation of columns 1-14.

Line 1 applies to columns 1, 4, 5, 6, 8 and 10 through 14; the sum of lines 3 and 13.

> Column 1 - Total number of different individuals receiving maternity and nonmaternity benefits during the year for specified causes; could be less than the sum of columns 4 plus 8.
>
> Data in this column should equal data reported in Table 2, column 1, lines 1, 2, and 3 respectively.

Line 2 - Total amount of maternity and nonmaternity benefits (column 2) and of different categories of expenses (columns 3, 5 through 14); the sum of lines 4 and 14.

Data on this line, column 2, should equal figure reported in Table 2, column 2, lines 1, 2, and 3 respectively.

Line 3 - Nonmaternity, Total - applies to columns 1, 4, 5, 6, 8, and 10 through 14 also; the sum of lines 5, 7, 9 and 11.

> Column 1 - Total number of different individuals receiving nonmaternity benefits during the year for specified causes; could be less than the sum of columns 4 plus 8. Figure in this column should equal figure reported in Table 2, column 3, lines 1, 2, and 3 respectively.

Line 4 - Total amount of benefits (column 2) and of different categories of expenses (columns 3, 5 through 14); the sum of line 6 + 8 + 10 + 12. Data on this line, column 2, should equal the figure reported in Table 2, column 4, lines 1, 2, and 3 respectively.

Lines 5 and 6, 7 and 8, 9 and 10 - Enter all required items with respect to all services (inpatient and all others), benefits and expenses during the year for all individuals falling in each of these cause categories.

Lines 11 and 12, "All Other Causes" - On these two lines enter the number of claimants, days, etc., and the amount of benefits received and different categories of expenses (columns 3, 5 through 14) incurred by all individuals for all nonmaternity causes other than the three listed above.

Lines 13 and 14 - Total Number of Maternity Cases and Amounts of Benefits, etc.

Line 13, Column 1 - Number of persons filing claims for obstetrical benefits. May be less than the sum of columns 4 plus 8; the sum of lines 15, 21, 23, and 25. Data in this column should equal the figure reported in Table 2, column 5, lines 1, 2, and 3, respectively.

Line 14 - Total amount of benefits (column 2) and of different categories of expenses (columns 3, 5 through 14); the sum of lines 16, 22, 24, and 26.

Column 2 - Amount of Benefits - Data in this column should equal the figure reported in Table 2, column 6, lines 1, 2, and 3 respectively.

Column 10. Surgery - Charges for all obstetrical services for normal deliveries, cesarean sections and miscarriages, etc. should be reported in this column.

Column 11-14 will be blank except possible for lines 23-26.

Lines 15 and 16. "Total Deliveries" - The sum of lines 17 and 19 and of 18 and 20 respectively.

Lines 17 and 18; 19 and 20, etc. Enter in these lines the appropriate data for each of the different categories of maternity cases shown.

Repeat for (1) Employees and annuitants; and (2) all dependents.

TABLE 6.--NONMATERNITY AND MATERNITY BENEFITS: NUMBER OF CLAIMANTS, AMOUNT OF BENEFITS AND COVERED EXPENSES BY CAUSE, CATEGORY OF EXPENSE AND PATIENT CATEGORY

	PRIMARY CAUSE	TOTAL			HOSPITALIZATION: NUMBER AND EXPENSES					PHYSICIAN AND OTHER SERVICES NUMBER AND EXPENSES				
			AMOUNT OF		INPATIENT				OUTPATIENT					
		NUMBER OF CLAIMANTS	BENEFITS	COVERED EXPENSES	NUMBER OF CLAIMANTS	ADMISSIONS (NUMBER, TOTAL EXPENSES)	ROOM AND BOARD (DAYS AND EXPENSES)	OTHER EXPENSES	NUMBER, EXPENSES	TOTAL	SURGERY	MEDICAL	SPECIAL NURSING	DRUGS (OUT OF HOSPITAL)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
	ALL PATIENTS, TOTAL													
1	NUMBER		XX	XX				XX		XX				
2	AMOUNT	XX			XX									
	NONMATERNITY, TOTAL													
3	NUMBER													
4	AMOUNT													
	MALIGNANCIES													
5	NUMBER													
6	AMOUNT													
	TUBERCULOSIS													
7	NUMBER													
8	AMOUNT													
	MENTAL DISORDERS													
9	NUMBER													
10	AMOUNT													
	ALL OTHER													
11	NUMBER													
12	AMOUNT													
	MATERNITY, TOTAL													
13	NUMBER													
14	AMOUNT													
	DELIVERIES, TOTAL													
15	NUMBER													
16	AMOUNT													
	NORMAL DELIVERIES													
17	NUMBER													
18	AMOUNT													
	CAESAREAN													
19	NUMBER													
20	AMOUNT													
	MISCARRIAGE													
21	NUMBER													
22	AMOUNT													
	COMPLICATION OF PREGNANCY													
23	NUMBER													
24	AMOUNT													
	OTHER (INCLUDING FALSE LABOR)													
25	NUMBER													
26	AMOUNT													
	EMPLOYEES AND ANNUITANTS													
	SAME AS ABOVE													
	ALL DEPENDENTS													
	SAME AS ABOVE													

Separate tables for:
a. Both Options
b. High Option
c. Low Option

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